

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 3.1-A
Page 1
OMB NO.: 0938-

State/Territory: North Carolina

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

Inpatient hospital services other than those provided in an institution for mental diseases.

X Provided: No Limitations X With Limitations

2.a. Outpatient hospital services.

X Provided: No Limitations X With Limitations

b. Rural health clinic services and other ambulatory services furnished by a rural health clinic (which are otherwise included in the State Plan).

X Provided: No Limitations X With Limitations

 Not Provided.

c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

X Provided: No Limitations X With Limitations

 Not Provided.

3. Other laboratory and X-ray services.

X Provided: No Limitations X With Limitations

*Description provided on attachment. 3.1A.1

TN No. 98-01
Supersedes
TN No. 92-01

Approval Date 6/28/98

Eff. Date 1/1/98

State/Territory: North Carolina

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- 4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.
- Provided: ☐ No limitations ☒ With limitations*
- 4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.
- 4.c. Family planning services and supplies for individuals of child-bearing age.
- Provided: ☒ No limitations ☐ With limitations*
- 5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.
- Provided: ☐ No Limitations ☒ With limitations*
- b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).
- Provided: ☐ No Limitations ☒ With limitations*
6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.
- a. Podiatrists' services.
- Provided: ☐ No limitations ☒ With limitations*

* Description provided on attachment.

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 3.1-A
Page 3
OMB No.: 0938-

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Optometrists services.

/X/ Provided: // No Limitations /X/ With Limitations*

// Not provided.

c. Chiropractor's services.

/X/ Provided: // No Limitations /X/ With Limitations

d. Other practitioners' services.

/X/ Provided: Identified on attached sheet with
description of limitations, if any.

Nurse Practitioner criteria described in Appendix 5 of Attachment 3.1-A.

// Not provided.

Certified Registered Nurse Anesthetists (CRNA) criteria described in Appendix 8 of
Attachment 3.1-A.

// Not provided

7. Home health services.

a. Intermittent or part-time nursing services provided by a home health agency or by a
registered nurse when no home health agency exists in the area.

Provided: // No Limitations /X/ With Limitations*

b. Home health aide services provided by a home health agency.

Provided: // No Limitations /X/ With Limitations*

c. Medical supplies, equipment, and appliances suitable for
use in the home.

Provided: // No Limitations /X/ With Limitations*

* Description provided on attachment: See 3.1-A.1

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 3.1-A
Page 3a
OMB No.: 0938-

State/Territory: North Carolina

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

X Provided: No limitations X With limitations*
 Not provided.

8. Private duty nursing services.

X Provided: No limitations X With limitations*
 Not provided.

* Description provided on attachment.

TN. No. 92-01
Supersedes
TN. No. NEW

Approval Date 10-21-92

Effective Date 1/1/92
HCFA ID: 7986E

AMOUNT, DURATION AND SCOPE OF MEDICAL AND
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

9. Clinic services.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

10. Dental services.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

11. Physical therapy and related services.

a. Physical therapy.

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

b. Occupational therapy.

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

c. Services for individuals with speech, hearing, and language disorders (provided by or under the supervision of a speech pathologist or audiologist).

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

* Description provided on attachment. See 3.1-A.1

SENT BY OPC-11 # 86-05

DATED 6-20-86

R.O. ACTION DATE 7-1-86

EFF. DATE 4-1-86

OBSOLETE BY _____

DATED _____

HCFA ID: 0069P/0002P

AMOUNT, DURATION AND SCOPE OF MEDICAL AND
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

12. Prescribed drugs, dentures, and prosthetic devices and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.
- a. Prescribed drugs.
- ☒ Provided: ☐ No limitations ☒ With limitations*
- ☐ Not provided.
- b. Dentures.
- ☒ Provided: ☐ No limitations ☒ With limitations*
- ☐ Not provided.
- c. Orthotic and Prosthetic devices.
- ☒ Provided: ☐ No limitations ☒ With limitations*
- ☐ Not provided.
- d. Eyeglasses.
- ☒ Provided: ☐ No limitations ☒ With limitations*
- ☐ Not provided.
13. Other diagnostic, screening, preventive, treatment, and rehabilitative services, i.e., other than those provided elsewhere in the plan.
- a. Diagnostic services
- ☒ Provided: ☐ No limitations ☒ With limitations*
- ☐ Not provided.

*Description provided in Attachment 3.1-A.1.

AMOUNT, DURATION AND SCOPE OF MEDICAL AND
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Screening services.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

c. Preventive services.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

d. Rehabilitative services.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

14. Services for individuals age 65 or older in institutions for mental disease.

a. Inpatient hospital services.

☒ Provided: ☒ No limitations ☐ With limitations*

☐ Not provided.

b. Skilled nursing facility services.

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

c. Intermediate care facility services.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

* Description provided on attachment. See 3.1-A.1

AMOUNT, DURATION AND SCOPE OF MEDICAL AND
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- 15.a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

- b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

16. Inpatient psychiatric facility services for individuals under 21 years of age.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

Definition of services described in Appendix 2 to Attachment 3.1-A, page 1.

17. Nurse-midwife services.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

18. Hospice care (in accordance with section 1905(o) of the Act).

☒ Provided: ☒ No limitations ☐ With limitations*

☐ Not provided.

*Description provided on attachment.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: NORTH CAROLINA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

19. Case management services and Tuberculosis related services

- a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

X Provided: With limitations*

 Not provided.

- b. Special tuberculosis (TB) related services under section 1902(z)(2)(F) of the Act.

 Provided: With limitations*

X Not provided.

20. Extended services for pregnant women

- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day falls.

X Additional coverage ++

- b. Services for any other medical conditions that may complicate pregnancy.

X Additional coverage ++

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

*Description provided on attachment.

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 3.1-A
Page 8a
OMB NO.: 0938-

State/Territory: North Carolina

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by an eligible provider (in accordance with section 1920 of the Act).

☒ Provided: ☒ No limitations ☐ With limitations*

☐ Not provided.

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

23. Certified pediatric or family nurse practitioner's services.

☒ Provided: ☐ No limitations ☒ With limitations*

*Description provided on attachment.

TN No. 92-01
Supersedes
TN No. 91-41

Approval Date **10-21-92**

Eff. Date 1/1/92

HCFA ID: 7986E

20. **DESCRIPTION OF EXTENDED SERVICES TO PREGNANT WOMEN**

Pregnancy related and postpartum services include:

Physician
Clinic, including rural health and migrant health
In-patient hospital
Outpatient hospital
Prescription drugs

The above services are provided to all Medicaid eligibles. The restrictions specified in ATTACHMENT 3.1-A.1 apply to all eligibles including pregnant women. Services available to pregnant women do not exceed the scope of services available to other eligible individuals or groups.

Childbirth Education Classes

Childbirth education classes include a series of classes which meets two or more times and provides a total of at least six hours of instruction which help prepare pregnant women and their support person for the labor and delivery experience. These classes should be based on a written plan which outlines course objectives and specific content to be covered in each session. Instruction includes but is not limited to:

- Important aspects of prenatal care, including danger signs
- Signs of preterm labor
- Preparation for labor and delivery
- Breathing and relaxation and other comfort measures

Instructors – certified childbirth instructors preferably, or registered nurses and other health professionals who have completed training designed to prepare them as childbirth instructors.

Parenting Education

Parenting education classes include a series of classes which meets two or more times and provides a total of at least six hours of instruction designed to help new parents, or parents to be, improve their skills and be more knowledgeable about carrying out their primary responsibilities as parents. These classes should be based on a written plan which outlines course objectives and specific content to be covered in each session. Instruction includes but is not limited to:

- caring for your new baby
- early growth and development
- early self-esteem
- injury prevention
- child health supervision

Instructors-Instructors include persons certified as parent or family life educators, early childhood developmental specialists, registered nurses or other health care providers who have completed training designed to prepare them as parenting instructors or facilitators.

Nutritional services

Nutritional Services, when provided by a qualified nutritionist to Medicaid eligible pregnant women identified as having high risk conditions by their prenatal care provider, include but is not limited to:

- Nutrition Assessment
- Development of an individualized care plan
- Diet therapy
- Counseling, education about needed nutrition habits/skills and follow-up
- Communication with the WIC Program, Baby Love Program and prenatal care provider as appropriate.

The high risk indicators used to assess the client's medical need for the services are as follows:

- diabetes or other metabolic disorder
- hypertension or other chronic condition
- anemia (Hgb<10gm/dl; hct<30%)
- <15 years of age at time of conception
- multiple fetuses
- prescribed therapeutic diet
- inappropriate weight gain (inadequate, erratic, excessive)
- intrauterine growth retardation
- underweight at conception (<90% standard weight for height)
- very overweight at conception (>135% standard weight for height)
- eating disorder (pica, anorexia, bulimia)
- substance abuse (alcohol, drugs, tobacco)
- HIV infection
- hemoglobinopathies (sickle cell disease, thalassemia)
- other high risk medical conditions as referred by prenatal care provider.

Revision: HCFA-PM-88-10(BERC)
SEPTEMBER 1988

Attachment 3.1-A
Page 8(d)
OMB NO.: 0938-0193

Qualifications of Nutritionist

This service must be provided by a Registered Dietician (Registered with the Commission on Dietetic Registration) or a licensed Dietician (licensed by the North Carolina Board of Dietetic Licensure).

Coordination with WIC

This nutrition service is not intended to replace WIC nutrition education contacts. All individuals receiving this service must be referred to WIC to receive the two WIC nutrition education contacts.

Other Services

Other services described in this attachment and restrictions described in Attachment 3.1-A.1 apply to all pregnant women except those that are entitled as optionally categorically needy pregnant women. For this latter category of pregnant women only pregnancy-related services and family planning services are available.

State/Territory: North Carolina

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.
- a. Transportation.
- X Provided: No limitations X With limitations*
 Not provided.
- b. Services of Christian Science nurses.
- Provided: No limitations With limitations*
X Not provided
- c. Care and services provided in Christian Science sanatoria.
- Provided: No limitations With limitations*
X Not provided
- d. Nursing facility services for patients under 21 years of age.
- X Provided: No limitations X With limitations*
 Not provided
- e. Emergency hospital services.
- Provided: No limitations With limitations*
X Not provided
- f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.
- X Provided: No limitations X With limitations*
 Not provided

*Description provided on attachment.

Revision: HCFA-PM-94-9 (MB)
DECEMBER 1994

ATTACHMENT 3.1-A
Page 10

State/Territory: North Carolina

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

25. Home and Community Care for Functionally Disabled Elderly
Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices
A-G to Supplement 2 to Attachment 3.1-A.

 provided X not provided

26. Personal care services furnished to an individual who is not
an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally
retarded, or institution for mental disease that are (A) authorized for the individual by a physician in
accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such
services and who is not a member of the individual's family, and (C) furnished in a home.

 X Provided: State Approved (Not Physician) Service Plan Allowed

 Service Outside the Home Also Allowed

 X Limitations Described on Attachment

 Not Provided

TN No. 95-07
Supersedes
TN. No. 93-04

Approval Date 7-20-95

Effective Date 8/1/95

P&I change per State Agency

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: North Carolina

CASE MANAGEMENT SERVICES

A. Target Group: Pregnant Women

B. Areas of State in which services will be provided:

X Entire State.

— Only in the following geographic areas (authority of section 1915(g)(1) of the Act is involved to provide services less than Statewide:.

C. Comparability of Services:

— Services are provided in accordance with section 1902 (a)(10)(B) of the Act.

X Services are not comparable in amount, duration, and scope. Authority of section 1915 (g) (1) of the Act is involved to provide services without regard to the requirements of section 1901 (a) (10) (B) of the Act.

D. Definition of Services:

Case management is a set of interrelated activities under which responsibility for locating, coordinating and monitoring appropriate services for an individual rests with a specific person or organization. The purpose of case management services for pregnant women is to assist those eligible for Medicaid in gaining access to needed medical, social, educational and other services, to encourage the use of cost-effective medical care by referrals to appropriate providers, and to discourage overutilization of costly services. Case management services will provide necessary coordination with providers of non-medical services such as nutrition programs like WIC or educational agencies, when services provided by these entities are needed to enable the individual to benefit from programs for which she is eligible.

The set of interrelated activities are as follows:

1. Evaluation of the clients' individual situation to determine the extent of or need for initial or continuing case management services.
2. Needs Assessment and reassessment to identify the service needs of the client.
3. Development and implementation of an individualized plan of care to meet the service needs of the client.

Revision: HCFA-PM-87-4 (BERC)
March 1987

SUPPLEMENT 1 TO ATTACHMENT 3.1-A (Part A)
PAGE 2
OMB NO.: 0939-0193

State/Territory: North Carolina

4. Providing assistance to the client in locating and referring her to providers and/or programs that can meet the service needs.
5. Coordinating delivery of services when multiple providers or programs are involved in care provision.
6. Monitoring and follow-up to ensure services are received; are adequate to meet the clients' needs; and are consistent with good quality of care.

These activities are structured to be in conformance with 1902 (a)(23) and not to duplicate any other service reimbursed in the Medicaid program.

E. Qualification of Providers:

Enrollment will be accomplished in accordance with Section 1902 (a)(23) of the Act.

1. Case Manager Qualifications:

- a. RN licensed in North Carolina with a minimum of one year of experience in community health nursing and experience in working with pregnant women, or
- b. a MSW, BSW, or SW meeting State SW II qualifications with a minimum of one year of experience in health and human service and experience in working with pregnant women, or
- c. an RN or MSW or BSW, or SW meeting the SW II qualifications supervised by a case manager as defined in (a) or (b) until they meet the one year of experience in health and human service and experience in working with pregnant women, or
- d. a Community Health Assistant who has been certified as a Baby Love Maternal Care Worker and is working under the supervision of a case manager as defined in (a), (b), or (c) above to conduct those case management activities that they have been certified to perform by the Department of Environment and Natural Resources (DENR).

2. Provider Qualifications:

- a. Must have qualified case manager(s).
- b. Must meet applicable state and federal laws governing the participation of providers in the Medicaid program.
- c. Must be certified by the Division of Health Services as a qualified case management provider.

Revision: HCFA-PM-87-4
March 1987

SUPPLEMENT 1 TO ATTACHMENT 3.1-A (Part A)
PAGE 3
OMB NO.: 0939-0193

State/Territory: North Carolina

Enrollment is open to all providers who can meet these requirements. In the absence of State licensing laws governing the qualifications and standards of practice for case management services to pregnant women, an agreement will be made with the State agency, Division of Health Services, which has the recognized professional expertise and authority to establish standards that govern case management services for pregnant women. As part of the interagency agreement the Division of Health Services will certify that providers are qualified to render case management services in accordance with professionally recognized standards for good care. The purpose of this activity is to help assure that case management services are provided by professionally qualified providers in accordance with section 1902(a)(23) of the Act.

3. Certification Process

The Division of Health Services through a Memorandum of Understanding with the Division of Medical Assistance will implement methods and procedures to certify all providers for case management to pregnant women who can demonstrate:

- a. Their capacity to provide case management services.
- b. Their experience with delivery and/or coordination of services for pregnant women.
- c. Their capacity to assure quality.
- d. Their experience in sound financial management and record keeping.

Certification is open to all providers who can meet these requirements.

- F. The State assures that the provision of care management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.
1. Eligible recipients will have free choice of the providers of case management services.
 2. Eligible recipients will have free choice of the providers of other medical care under the plan.
- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Revision: HCFA-PM-87-4
March 1987

(BERC)

SUPPLEMENT 1 TO ATTACHMENT 3.1-A (Part B)

PAGE 1

OMB NO.: 0939-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: North Carolina

CASE MANAGEMENT SERVICES
MENTALLY ILL ADULTS

- A. Target Group: Mentally ill adults who meet the criteria in Attachment 1.
- B. Areas of State in which services will be provided:
- ☒ Entire State.
- ☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:
- C. Comparability of Services
- ☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act
- ☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.
- D. Definition of Services: Services are defined in Attachment 1.
- E. Qualification of Providers: Qualifications of providers are described in Attachment 1.

TN No. 87-13
Supersedes
TN. No. 87-5

Approval Date **MAR 03 1988**

Effective Date OCT 01 1987

HCFA ID: 1040P/0016P

Revision: HCFA-PM-87-4 (BERC)
March 1987

SUPPLEMENT 1 TO ATTACHMENT 3.1-A (Part B)
PAGE 2
OMB NO.: 0939-0193

State/Territory: North Carolina

- F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.
1. Eligible recipients will have free choice of the providers of case management services.
 2. Eligible recipients will have free choice of the providers of other medical care under the plan.
- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

TN No. 87-13
Supersedes
TN. No. 87-5

Approval Date **MAR 03 1988**

Effective Date OCT 01 1987

HCFA ID: 1040P/0016P

ATTACHMENT 1 TO SUPPLEMENT 1
TO ATTACHMENT 3.1-A, PART B

Case Management Services
Mentally ILL Adults (Con't)

A. Target Group

Mentally ill adults for whom Medicaid case management services may be provided must meet the following criteria:

1. Individual must be Medicaid eligible; and
2. Must have a documented need for assistance with two or more of the following: educational, vocational, social, financial, physical health, residential, recreational or basic life skills: and
3. 18 years of age or over.
4. In addition to 1, 2, 3, eligible clients shall meet one of the criteria listed below:
 - a) Diagnosis of a major mental disorder included in DSM-III classification under schizophrenic disorder, paranoid disorder, psychotic disorders not elsewhere classified, or major affective disorders; or
 - b) Diagnosis of a mental disorder and at least one hospitalization for treatment of the mental disorder.
5. Case management under this proposal will not be provided to home and community-based waiver participants nor institutionalized persons.

D. Definition of Services

Case management services include:

1. Assessment and periodic reassessment to determine types and amounts of services needed;
2. Development and implementation of an individualized case management service plan with the client;
3. Consistent with SSA 1902(a)(23), identification of all available resources for problem resolution;
4. Consistent with SSA 1902(a)(23), coordination and assignment responsibilities among staff and service agencies.

ATTACHMENT 1 (Con't)
PART B

E. Qualification of Providers

Targeted Case Management Services will be limited to area mental health programs, entities under contract to area mental health programs, or entities certified by the State health programs, or entities certified by the State Division of Mental Health, Developmental Disabilities, and Substance Abuse Services as meeting the same standards as area mental health programs. This limitation is in accordance with OBRA 87, Section 4118(i), and is included in order to ensure that the case managers for this target population are capable of enduring that such individuals receive needed services.

Case Managers are professionals whose education, skills, abilities, and experience enable them to perform the activities that comprise a Medicaid case management services. Qualified case managers shall meet the qualifications in (a) or (b).

- (a) The individual must be a qualified mental health professional. Qualified mental health professionals include:
1. A psychiatrist who is duly licensed to practice medicine in the State of North Carolina and who has completed an accredited training program in psychiatry.
 2. A psychologist who is licensed as a practicing psychologist under the provisions of G.S. 90-270.
 3. A psychiatric social worker who holds a Master's degree in social work from an accredited school of social work and has two years experience in mental health.
 4. A psychiatric nurse who is licensed to practice as a registered nurse in the State of North Carolina by the North Carolina Board of Nursing and:
 - a. is a graduate of an accredited Master's level program in psychiatric mental health nursing with two years experience; or
 - b. has a Master's degree in behavioral science with two years of supervised clinical experience; or
 - c. has four years of experience in psychiatric mental health nursing.

ATTACHMENT 1 (Con't)
PART B

5. Other qualified mental health professional with a Master's degree in a related human service field and two years of supervised clinical experience in mental health services or an individual with a baccalaureate degree in related human service field and four years of supervised clinical experience in mental health services.
 6. A qualified physician who is duly licensed to practice medicine in the State of North Carolina and shall have experience in the provision of medical services associated with mental health, mental retardation and substance abuse needs of clients.
- (b) The individual must be supervised by a qualified mental health professional and meet the following education and experience requirements:
- an individual with at least a bachelor's degree from an accredited institution and year experience in the human service field; or
 - a licensed R.N. with two years experience in public health nursing or the human services field.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: North Carolina

CASE MANAGEMENT SERVICES
ED-CHILDREN/YOUTH

A. Target Group: Emotionally Disturbed Children & Youth who meet the criteria described in Attachment 1.

B. Areas of State in which services will be provided:

X Entire State.

— Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services

— Services are provided in accordance with section 1902(a)(10)(B) of the Act.

X Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services: Services are defined in Attachment 1.

E. Qualification of Providers: Qualifications are described in Attachment 1.

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

SUPPLEMENT 1 TO ATTACHMENT 3.1-A
Page 2
OMB No.: 0939-0193
PART C

State/Territory: North Carolina

- F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.
1. Eligible recipients will have free choice of the providers of case management services.
 2. Eligible recipients will have free choice of the providers of other medical care under the plan.
- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

TN No. 87-13
Supersedes
TN No. 87-5

Approval Date **MAR 03 1988**

Effective Date OCT 01 1987

HCFA ID: 1040P/0016P

ATTACHMENT 1 TO SUPPLEMENT 1
TO ATTACHMENT 3.1-A
PART C

Case Management Services
ED Children/Youth

A. Target Group

For children under 18, child must have a diagnosis of emotional disturbance or neurological impairment and at least one of the following:

1. Serious emotional disturbance with duration of more than one year or projected to continue for more than one year
2. Developmental delay of more than two years documented by standardized tests
3. Needing services of more than two agencies
4. Needing more than two services from mental health agencies
5. Has been served in a psychiatric hospital or intensive residential program or needs such services

Case management under this proposal will not be provided to home and community based waiver participants.

Community case management transitional care activities can be performed in a Psychiatric Residential Treatment Facility for an institutionalized emotionally disturbed child/youth under 21 years of age 180 days prior to the estimated date of discharge. Activities performed by the community case manager shall not at any time duplicate the activities of the discharge planner for the institution. In an acute care psychiatric hospital transitional case management can be performed no more than 30 days prior to the estimated date of discharge.

D. Definition of Services

Medicaid case management services consists of a number of integrated components:

1. Assessment and periodic reassessment to determine types and amounts of services needed;
2. Consistent with SSA 1902(a)(23), the allocation of responsibilities for implementation and monitoring of the treatment/habilitation plan;
3. Consistent with SSA 1902(a)(23), establishment of separate and joint responsibilities among staff and service agencies involved in helping the individual;
4. Planning for need/problem resolution through the identification of an appropriate service network inclusive of all available resources; and
5. Monitoring and follow-up to ensure that services received are adequate for the client's needs.

TN No. 00-26
Supersedes
TN No. 92-16

Approval Date **JUL 23 2001**

Effective Date 10/01/00

ATTACHMENT 1 (Con't)
PART C

E. Qualifications of Providers

Targeted Case Management Services will be limited to area mental health programs, entities under contract to area mental health programs, or entities certified by the State Division of Mental Health, Developmental Disabilities, and Substance Abuse Services as meeting the same standards as area mental health programs. This limitation is in accordance with OBRA '87, Section 4118(i), and is included in order to ensure that the case managers for this target population is capable of ensuring that such individuals receive needed services.

Case Managers are professionals whose education, skills, abilities and experience enable them to perform the activities that comprise Medicaid case management services.

Qualified case managers shall meet the following conditions:

- be employed by a qualified Medicaid case management provider;
- have at least a bachelor's degree from an accredited institution and two years in the human services field; or be a licensed R.N. with two years experience in public nursing or the human services field and be supervised by a qualified mental health professional as defined below; or
- be one of the following qualified mental health professionals.
 1. psychiatrist who is duly licensed to practice medicine in the State of North Carolina and who has completed an accredited training program in psychiatry.
 2. A psychologist who is licensed as a practicing psychologist under the provisions of G.S. 90-270.
 3. A psychiatric social worker who holds a Master's degree in social work from an accredited school of social work and has two years experience in mental health.
 4. A psychiatric nurse who is licensed to practice as a registered nurse in the State of North Carolina by the North Carolina Board of Nursing and:
 - a. is a graduate of an accredited Master's level program in psychiatric mental health nursing with two years experience; or
 - b. has a Master's degree in behavioral science with two years of supervised clinical experience; or
 - c. has four years of experience in psychiatric mental health nursing.

ATTACHMENT 1 (Cont't)
PART C

5. Other qualified mental health professionals with a Master's degree in a related human service field and two years of supervised experience in mental health or child related services or an individual with a baccalaureate degree in related human service field and four years of supervised experience in mental health or child related services.
6. A qualified physician who is duly licensed to practice medicine in the State of North Carolina and has experience in the provision of medical services associated with mental health, mental retardation and substance abuse needs of clients.

Individuals who provide case management shall possess the knowledge, skills and attributes necessary for effective provision of a case management service. These include, but are not limited to: interviewing skills; negotiating skills; problem assessment; service planning; knowledge of community resources; sensitivity to the needs of persons being served.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: North Carolina

CASE MANAGEMENT SERVICES
SUBSTANCE ABUSERS

- A. Target Group: Substance Abusers who meet the criteria described in Attachment I.
- B. Areas of State in which services will be provided:
- X Entire State.
- Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:
- C. Comparability of Services
- Services are provided in accordance with section 1902(a)(10)(B) of the Act.
- X Services are not comparable in amount, duration and scope. Authority of section 1915(g)(1) of the Act is invoked to provided services without regard to the requirements of section 1902(a)(10)(B) of the Act.
- D. Definition of Services: Service are defined in Attachment 1.
- E. Qualification of Providers: Qualifications of providers are described in Attachment 1.

State/Territory: North Carolina

- F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.
1. Eligible recipients will have free choice of the providers of case management services.
 2. Eligible recipients will have free choice of the providers of other medical care under the plan.
- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

ATTACHMENT 1 TO SUPPLEMENT 1
OF ATTACHMENT 3.1-A
PART D

Case Management Services
Substance Abusers

A. Target Group

1. Individual must be Medicaid eligible; and
2. Must have a documented need for assistance with two or more of the following: educational, vocational, social, financial, physical health, residential, recreational, or basic life skills; and
- 3.1 For Adult Patients with a Substance Abuse Disorder:
 - (a) The patient is over 21 years of age; and
 - (b) The patient's medical or case management record shall contain documented need for assistance with two or more of the following: educational, vocational, social, communication, financial, physical health, residential, recreational or basic life skills; and
 - (c) In addition to criteria (a) and (b), the patient shall meet one of the following:
 - (i) Diagnosis of alcohol or other drug addiction included in ICD-9-CM classification: or
 - (ii) Diagnosis of alcohol or other drug abuse included in ICD-9-CM classification and at least one inpatient or residential placement for detoxification or treatment of the abuse disorder.
- 3.2 For Youth Patients with a Substance Abuse Disorder:
 - (a) The patient is under 21 years of age; and

ATTACHMENT 1 to Supplement 1 of
Attachment 3.1-A Part D (Cont'd)

- (b) The patient has a diagnosis of alcohol or other drug abuse or addiction included in ICD-9-CM classification and at least one of the following:
 - (i) Serious behavior problems with a duration of more than one year or projected to continue for more than one year; or
 - (ii) Needs more than two services from mental health or substance abuse agencies; or
 - (iii) Has been served in a hospital or residential treatment setting or needs such services.

- 4. Case management under this proposal will not be provided to home and community based waiver participants. Case management transitional care activities can be performed in a Psychiatric Residential Treatment Facility for children/youth under 21 years of age 180 days prior to the estimated date of discharge.

D. Definition of Services

Case Management services include:

- 1. Assessment and periodic reassessment, to determine types and amounts of services needed;
- 2. Development and implementation of an individualized case management service plan;
- 3. Consistent with SSA 1902(a)(23), identification of all available resources for problem resolution;
- 4. Consistent with SSA 1902(a)(23), coordination and assignment of responsibilities among staff and service agencies; and
- 5. Monitoring and follow-up to ensure that services are received and are adequate for the client's needs.

Case management encourages use of available sources of help from within the family and community so that the burden of care will not be borne exclusively by public social agencies.

E. Qualifications of Providers

Targetted Case Management Services will be limited to area mental health programs, entities under contract to area mental health programs, or entities certified by the State Division of Mental Health, Developmental Disabilities, and Substance Abuse Services as meeting the same standards as area mental health programs. This limitation is in accordance with OBRA 87 Section 4118(i) and is included in order to ensure that the case managers for this target population are capable of ensuring that such individuals receive needed services.

Case managers are professionals whose education, skills, abilities, and experience enable them to perform the activities that comprise Medicaid case management services.

Qualified case managers shall meet the qualifications in (a), (b), or (c).

- (a) The individual must be a qualified substance abuse professional as defined in APSM 35-1; that is an individual:
- who is certified by the North Carolina Substance Abuse Professional Certification Board; or
 - who is a graduate of a college or university with a baccalaureate or advanced degree in a human service related field with documentation of at least two years of supervised experience in the profession of alcoholism and drug abuse counseling, and at least 80 percent of the qualified substance abuse professional's work experience must be in the profession of alcoholism and drug abuse counseling.

ATTACHMENT 1 (Cont'd)
PART D

- (b) The individual must be a qualified mental health professional as defined in APSM 35-1; such qualified professionals include:
- A psychiatrist who is duly licensed to practice medicine in the State of North Carolina and who has completed an accredited training program in psychiatry.
 - A psychologist who is licensed as a practicing psychologist under the provisions of G.S. 90-270.
 - A psychiatric social worker who holds a Master's degree in social work from an accredited school of social work and has two years experience in mental health.
 - A psychiatric nurse who is licensed to practice as a registered nurse in the State of North Carolina by the North Carolina Board of Nursing; and
 - • is a graduate of an accredited Master's level program in psychiatric mental health nursing with two years experience; or
 - • has a Master's degree in behavioral science with two years of supervised clinical experience; or
 - • has four years of experience in psychiatric mental health nursing.
 - Other qualified mental health professionals with a Master's degree in a related human service field and two years of supervised clinical experience in mental health services or an individual with a baccalaureate degree in related human service field and four years of supervised clinical experience in mental health services; or
 - A qualified physician who is duly licensed to practice medicine in the State of North Carolina and shall have experience in the provision of medical services associated with mental health, mental retardation and substance abuse needs of clients.

ATTACHMENT 1 (Cont'd)
PART D

- (c) The individual must meet the education and experience listed below and must be supervised by a qualified substance abuse professional or a qualified mental health professional:
- an individual with at least a bachelor's degree from an accredited institution and one year's experience in the human services field; or
 - a licensed R.N. with two years experience in public health nursing or the human services field.